

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

101031065

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2	1						
3		2	1				
4		2		1			
5		2		1			
6		2		1			
7		2		1			
8		2		1			
9		2		1			
10			1				
11				1			
12				1			
13				1			
14				1			
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47							
48							
49							
50							
TOTAL IND.	2		4				
TOTAL DEP.	12		10				
TOTAL CLAIMS	14		14				

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Best Available Copy